## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000047270 (8)

MARK BULLARD BUILDERS, INC.

FILED Feb 27 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 17298 ELSINORE DR. 17298 ELSINORE DR. JACKSONVILLE FL 32226 JACKSONVILLE FL 32226 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-34492 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TOMASSETTI, A. JEFFREY 406 ASH ST. 82 Street Address (P.O. Box Number is Not Acceptable) FERNANDINA BEACH FL 32034 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DSP TITLE DELETE 1.1 TITLE Addition **BULLARD, MARK** NAME 12 NAME 17298 ELSINORE DR. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark Bulland

MARK Bullard 2/17/98 757-740

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